

# *epi*TRENDS

A Monthly Bulletin on Epidemiology and Public Health Practice in Washington State

## **Influenza Season 2004: Strategies for Dealing with the Vaccine Shortage**

In response to a recently announced shortage of inactivated (injectable) influenza vaccine from one manufacturer (Chiron), the Washington State Department of Health (DOH) is urging prioritization of flu vaccine supplies for the highest risk patients. The recommendation follows guidance issued by the Centers for Disease Control and Prevention (CDC). Influenza can affect all ages, but is especially dangerous for very young children, the elderly, and those with certain underlying medical conditions, who are at greater risk for complications from the flu.

The shortage is not expected to affect state-supplied vaccine for children ages 6 to 23 months as another manufacturer (Aventis) supplies this vaccine. The state distributed 36,490 doses of inactivated pediatric flu vaccine from Aventis to local health departments in early October and will distribute additional doses as they are received. Healthy adults are asked to defer flu vaccination to help ensure that the most vulnerable are protected.

### **2004 Priority Groups for Influenza Vaccination**

The following priority groups are considered of equal importance to receive inactivated influenza vaccine this season:

- all children aged 6 to 23 months
- adults aged 65 years and older
- persons aged 2 to 64 years with underlying chronic medical conditions
- all women who will be pregnant during the influenza season
- residents of nursing homes and long-term care facilities
- children aged 6 months to 18 years on chronic aspirin therapy
- health-care workers involved in direct patient care
- out-of-home caregivers and household contacts of children less than 6 months old

Supplies of intranasally administered influenza vaccine are not affected, and if available, this vaccine should be encouraged for healthy persons aged 5 to 49 years who are not pregnant, including health-care workers and persons caring for children less than 6 months old.

Persons with severe allergy to eggs or previous severe reaction to flu vaccine should consult a health care provider before receiving either inactivated or intranasal vaccine. Intranasal vaccine is a live vaccine and should not be given to severely immunocompromised persons, or those caring for or in close contact with them.

Persons who are not included in one of the priority groups described above should be informed about the urgent vaccine supply situation and asked to forego or defer vaccination.

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## Other Vaccination Recommendations

Persons in priority groups identified above should be encouraged to search locally for vaccine if their regular health-care provider does not have vaccine available.

Certain children under 9 years old require two doses of vaccine if they have not previously been vaccinated. All children at high risk for complications from influenza (including those aged 6 to 23 months) should be vaccinated with a first or second dose, depending on vaccination status. However, doses should not be held in reserve to ensure that two doses will be available. Instead, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-serve basis.

## Influenza Symptoms and Transmission

Although often thought of as only a cold, influenza is typically a more serious viral infection that can cause severe respiratory symptoms. Symptoms of influenza include high fever, headache and body aches, extreme fatigue, cough, sore throat, and nasal congestion. Life-threatening complications such as pneumonia can occur, particularly in older people, infants, and persons with certain chronic health conditions.

Influenza is spread through respiratory droplets by coughing and sneezing. Transmission is usually person-to-person but influenza can also spread if a person touches a contaminated object then touches their eyes, nose, or mouth. People infected with influenza may be contagious before they have symptoms.

## Surveillance

Each year local health jurisdictions and the State Department of Health prepare for the influenza season by establishing influenza surveillance and promoting prevention efforts.

DOH conducts routine influenza surveillance each year from October 1 through May 31 of the following year. Since influenza disease is not a reportable condition in Washington State, the methods used for tracking influenza trends during the influenza season are:

1. monitoring absenteeism in selected schools by local health jurisdictions;
2. monitoring outbreaks of influenza-like illnesses (ILI) in sentinel nursing homes;
3. monitoring outbreaks of influenza-like-illnesses (ILI) in hospitals;
4. review of testing by clinical laboratories for influenza, with confirmation and strain typing at the Public Health Laboratories;
5. reporting of ILI in outpatients by sentinel health care providers; and
6. monitoring the rate of pneumonia and influenza (P&I) deaths in Seattle, Spokane, and Tacoma.

Data from these surveillance sources are used to estimate influenza activity statewide and to determine the strains. DOH distributes periodic bulletins regarding regional and national influenza patterns to county influenza coordinators and the general public.

Worldwide changes in influenza, including the expansion of avian influenza, have also changed surveillance. Hospital infection control practitioners are specifically asked to report to their local health jurisdiction any ILI for patients who have traveled out of state in the two weeks prior to the onset of symptoms. All practitioners are asked to report cases associated with travel to eastern Asia. Sentinel health care providers, including physicians, osteopaths, physician assistants, and nurse practitioners, are now conducting year-round surveillance that might detect an early change in influenza or the emergence of a new respiratory condition such as SARS.

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## Prevention

A person with flu can easily spread the infection to household members, other close contacts, and health care providers. Preventing transmission of influenza involves two approaches — “respiratory etiquette” and vaccination. Respiratory etiquette means preventing the spread of respiratory infections by using good health manners such as covering the nose and mouth if sneezing or coughing, staying home if you are sick, and washing hands often, particularly after potential contamination with respiratory secretions. Persons with respiratory symptoms should be offered and use a facemask in health care settings. All persons should wash hands before touching the eyes, nose, or mouth, and before eating.

Through surveillance, transmission interruption, and directed vaccination, influenza’s impact on Washington State can be reduced.

## Further Information

### Web Sites

Washington influenza updates: <http://www.doh.wa.gov/flunews/>  
State vaccination information: [http://www.doh.wa.gov/cfh/Immunize/flu\\_updates.htm](http://www.doh.wa.gov/cfh/Immunize/flu_updates.htm)  
National influenza information: <http://www.cdc.gov/flu/>  
National influenza activity: <http://www.cdc.gov/ncidod/disease/flu/weekly.htm>

### “Cover Your Cough” Brochures and Posters

“Cover your Cough” brochure and posters in Spanish and English can be downloaded as pdf files from: <http://www.doh.wa.gov/FluNews/#materials/>.

Health care providers can also obtain English language posters from their local health jurisdiction.

Local health jurisdictions can order posters from the Department of Health. Send the following information by fax (360-664-2929) to DOH:

Title: “Cover your Cough” and DOH PUB #130-049  
Quantity needed and mailing address  
Contact information (your name and phone number)

### Providers Can Participate in Sentinel Surveillance

Health care providers and clinics (particularly family medicine, internal medicine, pediatrics, infectious disease, obstetrics/gynecology, and emergency medicine) are encouraged to participate in sentinel surveillance for influenza.

For information, contact:  
Phyllis Shoemaker at 206-361-2830